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CONFIRMATION NO. 2057

Bib Data Sheet

|  |   |                                |   |                                       |                                |
|--|---|--------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/662,353   | <b>FILING OR 371(c) DATE</b><br>09/16/2003<br><b>RULE</b>   | <b>CLASS</b><br>385            | <b>GROUP ART UNIT</b><br>2883   | <b>ATTORNEY DOCKET NO.</b><br>10.0488 |                                |
| <b>APPLICANTS</b><br>Michael Y. Frankel, Baltimore, MD;<br>Joseph Berthold, Clarksville, MD;   |   |                                |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/411,007 09/16/2002  |   |                                |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/08/2003</b>   |   |                                |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>[Signature]</i><br>Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MD. | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>26             | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>21919  |   |                                |   |                                       |                                |
| <b>TITLE</b><br>Optical cross connect apparatus and method   |   |                                |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>942  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |